

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th , SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

2008 JUN 16 AM 8:33

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state.

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Department of Justice

321 East 12th Street, Lucas Building, Ground Floor Des Moines, IA 50319-0001

515-281-5044

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristi Etzel, CPA – Crime Victim Assistance Division (CVAD)

Lucas Building, Ground Floor, 321 E. 12th Street

Des Moines, IA 50319

Mailing Address (if different from above)

City, State, Zip (if different from above)

ketzel@ag.state.ia.us

515-281-8616

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

U.S. Dept. of Health & Human Services

Name

370 L'Enfant Promenade, S.W. Washington, D.C. 20447

Mailing Address

City, State, Zip Code

877-614-5533 or 202-401-5627

Area Code & Telephone Number

Email Address (optional)

04/17/08

Date of Grant

\$1,131,834

Award Amount
or Value

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Family Violence Prevention & Services G-0801IAFVPS – CFDA # 93.671 Purpose is to assist States in establishing, maintaining, & expanding programs & projects to prevent family violence & to provide immediate shelter & related assistance for victims of family violence & their dependents.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristi Etzel affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.



Signature

06/13/2008

Date